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(Req	uestor's Name)	
(Add	ress)	
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(Address)		
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(City/	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	•
Certified Copies	Certificates	s of Status
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Special Instructions to F	ilina Officer:	
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Office Use Only



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C. LEWIS

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EXAMINER

* COVER LETTER

TO: Registration Section Division of Corporations	
	ig Key Self Storage LLC of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Robert Sherry	
Name of Person	
Big Key Self Storage L Firm/Company	LC
1430 South Dixie Hwy Sui	te 317
Coral Gables, 33146 City/State and Zip Code	5
bob@sherryrealty.com E-mail address: (to be used for future annual rep	n Port notification)
For further information concerning this n	natter, please call:
Robert Sherry	at (305) 233-3100
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follo	wing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

DITTO LO LE MON

• SWATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Big Key Self Storage LLC
mpany: 1430 South Dixie Hwy
Suite 317 Coral Gables, FL 33146
1430 South Dixie Hwy
Suite 317 Coral Gables, FL 33146
L03000025545
4. Document number
wn on the records of the Florida Dept. of State:
Robert Sherry
13205 SW 137 Avenues Suite 101 Miami, FL 33186
or NEW Registered Office address 2
1430 South Dixie Hwy Suite 317 Coral Gables ,FL33146
the laws of the State of Florida, it is hereby, the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote is otherwise provided in the articles of organization impany. I and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in the merely reflect a change in the registered office ompany has been notified in writing of this change.

Signature of Registered Agent